

IPDR6702				NORTH CAROLINA				PAGE: 1	
RUN DATE: 09/24/2006				IPRS CHECKWRITE SUMMARY REPORT					
				CHECKWRITE DATE: 09/28/2006					
				FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAINM H/DD/SAS	8535	2	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT					
		0	0		0	2	2	0	
3404904	WESTERN HIGHLAN DS LME	8534	102	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F					
		11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	356	11454	11098	
		143	62	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE					
3404910	PATHWAYS	11	131	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8599	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	48	320	5156	4836	
		8933	27	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404912	CATAWBA COUNTYM ENTAL HEALT	11	6	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		21	5	DUPLICATE OF CLAIM-SYSTEM	8	19	1740	1721	
		8935	5	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404913	MECKLENBURG COM ENTAL HEALT	11	478	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8933	437	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	538	1027	1032	5	
		8931	78	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404916	CROSSROADS BEHA VIALOR HEAL	79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN					
		143	1	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	9	886	877	
3404917	CENTERPOINT HUM AN SERVICES	8599	1045	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		11	333	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	1532	3385	1853	
		120	70	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	11	53	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	71	84	13
3404920	ALAMANCE CASWEL L AREA MH D	8599	257	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	154	DUPLICATE OF CLAIM-SYSTEM	13	554	2666	2112
		79	44	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	11	1010	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		27	196	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	1554	3312	1758
		8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	3411	428	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8329	154	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	3	938	4016	3078
		3412	108	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404923	FIVE COUNTY MH	8599	387	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	327	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1531	6522	4991
		3411	304	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE R FOR MH/DD	11	170	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	157	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	3	525	2477	1952
		21	48	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	626	DUPLICATE OF CLAIM-SYSTEM				
		5404	432	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	66	1756	5693	3937
		8599	339	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	22	DUPLICATE OF CLAIM-SYSTEM	1	105	2343	2238
		5404	17	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	8535	1	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		0	1	1	0
3404931	WAKE CO HUM SVC BILLING OF	21	1940	DUPLICATE OF CLAIM-SYSTEM				
		8599	442	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	269	3788	25131	21343
		11	408	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	21	29	DUPLICATE OF CLAIM-SYSTEM				
		8329	2	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	1	34	61	27
		8532	2	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
3404934	ONSLow CARTERET BEHAV HEAL	3411	90	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		11	55	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	250	1012	762
		8534	35	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		0	0		1	1	738	737
3404937	EDGEcombe NASH MNTL HLTH C	79	66	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	21	DUPLICATE OF CLAIM-SYSTEM	0	93	2860	2767
		8536	5	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	10	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	35	238	203
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	21	3612	DUPLICATE OF CLAIM-SYSTEM				
		8537	1738	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	224	11827	18227	6400
		3411	1158	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWANH UMAN SERVIC	3411	99	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		21	8	DUPLICATE OF CLAIM-SYSTEM	0	117	828	711
		79	7	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	243	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	44	337	1207	870
		8935	12	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	126	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	8	419	5545	5126
		21	45	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	8931	62	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8535	1	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	62	63	63	0
3404957	TIDELAND MENTAL HEALTH CTR	8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	14	77	3610	3533
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	11	22	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		5404	16	SEVERE DUPLICATE: SAME ATTD PR	2	51	3044	2993
				OV/PCODE/TOS/DOS/MOD				
		21	5	DUPLICATE OF CLAIM-SYSTEM				